

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City..... (No.....)

2. FULL NAME

(a) Residence, No..... St.,..... Ward.....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 5	4. COLOR OR RACE W.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 - 34		
7. AGE 0	YEARS 0	MONTHS 8
DAYS 8		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.
	13. NAME Mitchell Sparks
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
	15. MAIDEN NAME Loretta Hansen
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gadsden Mo.

17. INFORMANT (ADDRESS) Hosp. Inf. M. Kent City Hosp
18. BURIAL, CREMATION, OR REMOVAL PLACE City Crematory DATE 6-28-34
19. UNDERTAKER (ADDRESS) David J. Van Fossen City Hosp #1
20. FILED 26 1934 REGISTRAR J. K. Bredbeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1934
22. I HEREBY CERTIFY That I attended deceased from 6/10/34 to 6/18/34, 1934
I last saw him alive on 6/18/34, 1934. Death is said to have occurred on the date stated above, at 2:45 m.
The principal cause of death and related causes of importance were as follows: Premature Infant
Date of onset 159

Other contributory causes of importance 159
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19..... Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.
Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify..... (Signed)..... M. D. (Address)..... City Hosp #1
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